

**DP-10-2D****INTEREST AND DIVIDENDS TAX RETURN****041**

FOR DRA USE ONLY

For the CALENDAR year **2005** or other taxable period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 Due Date for CALENDAR year is on or before **April 17, 2006** or the 15th day of the 4th month after the close of the taxable period.

<b>STEP 1</b> <b>Please Print or Type</b>	LAST NAME OF INDIVIDUAL OR PROPRIETOR		FIRST NAME & INITIAL		SOCIAL SECURITY NUMBER	
	LAST NAME		FIRST NAME & INITIAL		SPOUSE'S SOCIAL SECURITY NUMBER	
	NAME OF PARTNERSHIP OR FIDUCIARY				FEIN OR DIN (SMLLC)	
	NUMBER & STREET ADDRESS					
	ADDRESS (Continued)					
CITY/TOWN, STATE & ZIP CODE						
<b>STEP 2</b> <b>Entity Type &amp; Special Return Type</b>	<input type="checkbox"/> ① INDIVIDUAL <input type="checkbox"/> ③ PARTNERSHIP    } % of NEW HAMPSHIRE Ownership Interest		<input type="checkbox"/> ① JOINT <input type="checkbox"/> ④ FIDUCIARY    }		Mo Day Year <input type="checkbox"/> Initial Return    _____ <input type="checkbox"/> Final Return    _____ <input type="checkbox"/> Final Deceased    _____ <input type="checkbox"/> Amended Return: DO NOT use this form to report IRS adjustment.	
	<input type="checkbox"/> TAX FORMS MAILING ADDRESS, CITY/TOWN, STATE & ZIP CODE: _____					
	Established NH Residency _____ Abandoned NH Residency _____ SSN _____					
<b>STEP 3 COMPLETE THE SECOND PAGE OF THIS RETURN BEFORE PROCEEDING TO STEP 4</b>						
<b>STEP 4</b> <b>Figure Your Tax, Credits, Interest and Penalties</b>	11	Net Taxable Income (From Line 10) .....			11	
	12	<b>New Hampshire Interest and Dividends Tax</b> (Line 11, if positive, multiplied by 5%) .....			12	
	13	Payments:				
		(a) Tax paid with Application for Extension .....	13(a)			
		(b) Payments from current tax period Estimated Tax .....	13(b)			
		(c) Credit carryover from prior tax period .....	13(c)			
		(d) Paid with original return (Amended returns only) ....	13(d)		13	
	14	Tax Due (Line 12 minus Line 13) .....			14	
	15	Additions to Tax:				
		(a) Interest .....	15(a)			
	(b) Failure to Pay .....	15(b)				
	(c) Failure to File .....	15(c)				
	(d) Underpayment of Estimated Tax .....	15(d)		15		
<b>STEP 5</b> <b>Figure Your Net Balance Due or Overpayment</b>	16	(a) Subtotal Due (Line 14 plus Line 15) .....	16(a)			
		(b) Return Payment Made Electronically .....			16(b)	
	16	<b>Net Balance Due</b> [Line 16(a) minus Line 16(b)] (Make Check Payable to State of New Hampshire) .....	<b>PAY THIS AMOUNT →</b>		16	
	17	<b>OVERPAYMENT</b> [Line 12 minus Line 13 plus Line 15 minus Line 16(b)] .....	17			
	18	Amount of Line 17 to be applied to:				
		(a) Next years tax liability .....			18(a)	
	(b) <b>Refund -</b> Please allow 12 weeks for processing .....			18(b)		

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Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

☐ **POA:** By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

**X** Signature (in ink) AND TITLE, IF FIDUCIARY \_\_\_\_\_ Date \_\_\_\_\_ Signature (in ink) of Paid Preparer Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

**X** If joint return, BOTH parties must sign, even if only one had income \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Tax Identification Number \_\_\_\_\_

NH DEPT OF REVENUE ADMINISTRATION  
 MAIL DOCUMENT PROCESSING DIVISION  
 TO: PO BOX 2072 or 2D: PO BOX 1201  
 CONCORD NH 03302

Preparer's Address \_\_\_\_\_

City/Town, State & Zip Code \_\_\_\_\_

DP-10-2D  
 Rev. 8/25/05

**DP-10-2D****INTEREST AND DIVIDENDS TAX RETURN**

Page 2

**STEP 3**

Please Read Instructions before you begin.

**1 From Your Federal Form 1040 Income Tax Return: (See Instructions)**

- (a) Interest Income. Enter the amount from Line 8(a) of your federal return .....
- (b) Dividend Income. Enter the amount from Line 9(a) of your federal return .....
- (c) Federal Tax Exempt Interest Income. Enter the amount from Line 8(b) of your federal return .....
- (d) Subtotal Interest and Dividends Income. [Sum of Lines 1(a), 1(b) and 1(c)] ..... Subtotal ....

1(a)	
1(b)	
1(c)	
1(d)	

**2 List Taxable Annuities or Actual Cash & Property Distributions From S-Corporations, Partnerships and Fiduciaries:**

Entity Codes: 2 = S-CORPORATIONS; 3 = PARTNERSHIPS; 4 = TRUSTS OR ESTATES; 5 = OTHER

I ENTITY CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV DISTRIBUTION AMOUNT
Total from supplemental schedule attached			

**2 Total Distributions .....**

2	
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**3 Subtotal Interest and Dividends Distributions [Line 1(d) plus Line 2] ..... Subtotal ....**

3	
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**4 List payers and amounts of interest and/or dividends NOT TAXABLE to New Hampshire included on Lines 1(a), 1(b), 1(c)**

and/or 2:

I REASON CODE	II NAME OF PAYER	III PAYER'S IDENTIFICATION NUMBER	IV NON-TAXABLE AMOUNT

**4(a) Subtotal of non-taxable income above (Sum of Column IV) .....**

4(a)

**4(b) Total non-taxable income from supplemental schedule (attached) .....**

4(b)

**4(c) Non-taxable income subtotal of Lines 4(a) plus 4(b) .....**

4(c)

**4(d) Part-year resident non-taxable income prorata share .....**

4(d)

**4 Total Non-Taxable Amount [Sum of Line 4(c) plus Line 4(d)] .....**

4	
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**5 Gross Taxable Income (Line 3 minus Line 4) .....**

5	
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**6 Less: \$2,400 for Individual, Partnership and Fiduciary; \$4,800 for Joint filers .....**

6	
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**7 Adjusted Taxable Income (Line 5 minus Line 6) .....**

7	
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☐ Check here to be removed from mailing list.
**8 Contribution's to Qualified Investment Capital Company (REPEALED) .....**
☐ Blind    ☐ Spouse Blind    ☐ 65 (or over) or disabled    ☐ Spouse 65 (or over) or disabled  
 Year of birth \_\_\_\_\_ Year of birth \_\_\_\_\_
**9 Check the exemptions that apply. Multiply the total number of boxes checked above \_\_\_\_\_ x 1,200= .....**


**10 Net Taxable Income (Line 7 minus Line 9) If less than zero, enter amount in parenthesis. ....**

Enter Line 10 amount on Page 1, Step 4, Line 11.

9	
10	